

Police Use Only

Commonwealth of Massachusetts Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash **01/19/2026** Time of Crash **0608**
24HR

City/Town
Auburn

Number Vehicles **2** Number Injured **0**
Speed Limit **30**
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route#	Direction	Name of Roadway/Street At
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Route#	Direction	Address #	Name of Roadway/Street MILLBURY ST
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Route#	Direction	Name of Intersecting Roadway/Street
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Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/>	of	• — — or
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Also at Intersection with

Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/>	of
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Route#	Direction	Name of Intersecting Roadway/Street
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Feet	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/>	of
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Landmark _____

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle	1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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Crash Report ID#	26-28-AC			
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License # **S45080833** St **MA** DOB/Age **10/05/1984**Reg # **M6290A** Reg Type **CO** Reg State **MA**Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Veh Year **2019** Veh Make **FORD** Veh Config. **2** 21Operator **BUZANOSKI, MARCUS RICHARD**
Last First Middle Owner **AUBURN TOWN OF**
Last First Middle Address **1181 SCHOOL ST**Address **104 CENTRAL ST**City **WEBSTER** State **MA** Zip **01570-3034**City **AUBURN** State **MA** Zip **01501-2310**Insurance Company **PILGRIM INSURANCE COMPANY**Vehicle Action Prior to Crash **1** 22Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Damaged Area Code: **5** 27 27 27

Citation # (If Issued) _____

Test Status: **1** 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **0** 29

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

BAC Test Result: **30**Driver Contributing Code **1** 25 25Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Driver Distracted by **0** 26 26Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle) _____ Address _____

DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

Operator See Above**1** 1 4 0 0 10 1Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.Reg # **6MYV87** Reg Type **PC** Reg State **MA**License # **S63612326** St **MA** DOB/Age **08/17/1998**Veh Year **2010** Veh Make **CHEVROLET** Veh Config. **1** 21Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
Endorsement _____Owner **GRANVILLE, JEFFREY K**
Last First Middle Address **52 PLANTATION ST APT 1**Address **52 PLANTATION ST APT 1**City **WORCESTER** State **MA** Zip **01604-5058**City **WORCESTER** State **MA** Zip **01604-5058**Insurance Company **PROGRESSIVE DIRECT INSURA**Vehicle Action Prior to Crash **1** 22Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**Damaged Area Code: **1** 27 27 27

Citation # (If Issued) _____

Test Status: **1** 28

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Type of Test: **0** 29

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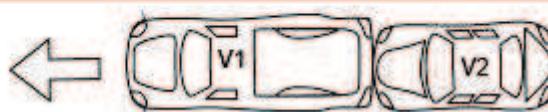
Operator/Occupants See Above**1** 1 4 0 0 10 1

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚾ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ♂ → ⚾

5 Millbury St. Auburn DPW



If Crash Did Not Occur
on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

I Arrow



Crash Narrative:

V1 was traveling west on Millbury St. V1 is a plow truck for the Town Of Auburn. V1 was slowing down and activated their right turn signal to make a right turn into the Auburn DPW. V2 crashed into the rear end of V1. V2 stated that due to the road conditions they did not have enough time to slow/stop. There were no reported injuries, and both vehicles left the scene under there own power.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Jason P Brooks

Police Officer Name (Please Print)

Signature

88JB

ID/Badge #

Auburn Police Department

Department

01/19/2026

Date